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NEWS 19	MAY 12	European Patent Classification thesauri added to the INPADOC files, PCTFULL, GBFULL and FRFULL
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NEWS 23	JUN 20	INPADOC databases enhanced with first page images
NEWS 24	JUN 20	PATDPA database updates to end in June 2011
NEWS 25	JUN 26	MARPAT Enhancements Save Time and Increase Usability
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                  enhanced legal status
 NEWS 29  AUG 18  Upgrade now to STN Express, Version 8.5
 NEWS 30  SEP 01  CAS Journal Coverage Now Includes Ahead-of-Print
                  Articles for More Than 100 Journal Titles
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FILE LAST UPDATED: 1 Sep 2011  (20110901/ED)
REVISED CLASS FIELDS (/NCL) LAST RELOADED:  Jun 2011
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE:  Jun 2011

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=> s rotigotine
L1         208 ROTIGOTINE

=> s l1 and parkinsons
          1682 PARKINSONS
L2           8 L1 AND PARKINSONS

=> d l2 1-8 ibib ab
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L2 ANSWER 1 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2010:1549224 CAPLUS
DOCUMENT NUMBER: 155:144044
TITLE: Rotigotine transdermal system for control of early morning motor impairment and sleep disturbances in patients with Parkinson's disease
AUTHOR(S): Giladi, Nir; Fichtner, Andreas; Poewe, Werner; Boroojerdi, Babak
CORPORATE SOURCE: Department of Neurology, Tel Aviv Sourasky Medical Center, Sackler School of Medicine, Tel Aviv University, Tel Aviv-Jaffa, 64239, Israel
SOURCE: Journal of Neural Transmission (2010), 117(12), 1395-1399
CODEN: JNTRF3; ISSN: 0300-9564
PUBLISHER: SpringerWienNewYork
DOCUMENT TYPE: Journal; (online computer file)
LANGUAGE: English

AB This open-label study (NCT00243945) investigated the efficacy of rotigotine transdermal system in 54 Parkinson's disease (PD) patients with unsatisfactory control of early morning motor impairment and sleep disturbances. Rotigotine dose was up titrated for 8 wk and maintained for 4 wk. Mean rotigotine dose at end of maintenance was 11.83 mg/24 h (SD 3.86). Patients had two overnight hospital stays at baseline and end of treatment during which early morning motor performance was assessed, prior to first morning dose of regular oral antiparkinsonian medication. Rotigotine improved mean Unified Parkinson's Disease Rating Scale (UPDRS) part III score by -9.3 points, mean Timed Up and Go test duration by -1.4 s and mean morning finger tapping by 26.5 taps/min; 46% of patients were considered responders (≥30% improvement of UPDRS III). Mean Nocturnal Akinesia, Dystonia and Cramps Sum Score was reduced by 61%; mean number of nocturias decreased by 32%. Rotigotine also improved sleep quality. These results suggest a role for rotigotine in treatment of nocturnal and early morning motor disabilities in PD patients.

REFERENCE COUNT: 19 THERE ARE 19 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 2 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2010:1103600 CAPLUS
DOCUMENT NUMBER: 153:351067
TITLE: Treatment of dyskinesia related disorders
INVENTOR(S): Wikstroem, Haakan; Joergensen, Morten; Moerk, Niels; Larsen, Jennifer; Torup, Lars; Bang-Andersen, Benny
PATENT ASSIGNEE(S): H. Lundbeck A/S, Den.
SOURCE: PCT Int. Appl., 45pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1

PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2010097092	A1	20100902	WO 2010-DK50051	20100226
W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CL, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PE, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, ST, SV, SY, TH, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW				
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MK, MT, NL, NO, PL, PT, RO, SE, SI, SK, SM, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
AR 75625	A1	20110420	AR 2010-100573	20100226

PRIORITY APPLN. INFO.:	DK 2009-273	A	20090227
	DK 2009-280	A	20090227
	DK 2009-281	A	20090227
	US 2009-155943P	P	20090227
	US 2009-155953P	P	20090227
	US 2009-155966P	P	20090227

OTHER SOURCE(S): CASREACT 153:351067

AB Disclosed herein are methods of treating Parkinsons disease while maintaining a low dyskinesia induction profile and methods of reversing dyskinesias comprising administering a therapeutically effective amount of a compound of the invention. The present invention further relates to uses and pharmaceutical compns. of said compds. in the manufacture of medicaments in treating the same.

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 3 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2010:1103596 CAPLUS
DOCUMENT NUMBER: 153:375306
TITLE: Methods of administering (4aR,10aR)-1-N-propyl-1,2,3,4a,5,10,10a-octahydrobenzo[g]quinoline-6,7-diol and related compounds across the oral mucosa, the nasal mucosa or the skin and pharmaceutical compositions thereof
INVENTOR(S): Wikstroem, Haakan; Joergensen, Morten; Moerk, Niels; Larsen, Jennifer; Bang-Andersen, Benny; Sager, Thomas Nikolaj; Pueschl, Ask; Torup, Lars
PATENT ASSIGNEE(S): H. Lundbeck A/S, Den.
SOURCE: PCT Int. Appl., 83 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2010097091	A1	20100902	WO 2010-DK50050	20100226
W: AE, AG, AL, AM, AO, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CL, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PE,				

PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, ST, SV,
SY, TH, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW
RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU,
IE, IS, IT, LT, LU, LV, MC, MK, MT, NL, NO, PL, PT, RO, SE, SI,
SK, SM, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE,
SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG,
ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

AR 75626 A1 20110420 AR 2010-100574 20100226

PRIORITY APPLN. INFO.:

DK 2009-274	A	20090227
DK 2009-279	A	20090227
DK 2009-282	A	20090227
US 2009-155933P	P	20090227
US 2009-155942P	P	20090227
US 2009-155957P	P	20090227

OTHER SOURCE(S): CASREACT 153:375306; MARPAT 153:375306

AB Disclosed are pharmaceutical compns. and methods for the administration of (4aR,10aR)-1-n-propyl-1,2,3,4,4a,5,10,10a-octahydro-benzo[g]quinoline-6,7-diol or a pharmaceutically acceptable salt thereof and related compds. for the treatment of neurol. disorder such as Parkinson's disease and restless leg syndrome.

REFERENCE COUNT: 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 4 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER: 2010:97102 CAPLUS

DOCUMENT NUMBER: 153:222094

TITLE: Short- and long-term dopaminergic effects on dysarthria in early Parkinson's disease

AUTHOR(S): Skodda, Sabine; Visser, Wenke; Schlegel, Uwe

CORPORATE SOURCE: Department of Neurology, Knappschaftskrankenhaus, Ruhr-University of Bochum, Bochum, 44892, Germany

SOURCE: Journal of Neural Transmission (2010), 117(2), 197-205
CODEN: JNTRF3; ISSN: 0300-9564

PUBLISHER: SpringerWienNewYork

DOCUMENT TYPE: Journal

LANGUAGE: English

AB While the beneficial effect of levodopa on motor impairment in Parkinson's disease (PD) has been well documented, its effect on speech has rarely been examined and the resp. literature is inconclusive. The aim of our study was to analyze the effect of short-term levodopa admission and long-term dopaminergic treatment on speech in PD patients in early stages of the disease. Motor examination according to UPDRS III and speech testing were performed in 23 PD patients (9 males; median age 68, 42-78 years) in the early morning after having abstained from dopaminergic medication overnight ("off" state, t0) after administration of 200 mg of soluble levodopa (t1), and at follow-up after 12-14 wk under stable dopaminergic medication (t2). Speech examination comprised the perceptual rating of global speech performance and an acoustical anal. based upon a standardized reading task. While UPDRS III showed a significant amelioration after l-dopa application, none of the parameters of phonation, intonation, articulation and speech velocity improved significantly in the "on" state, neither under short-term levodopa administration (t1) nor on stable dopaminergic treatment (t2). However, there was a pos. effect of dopaminergic stimulation on vowel articulation in individual patients. Results indicated significant beneficial effect of short-term levodopa administration or long-term dopaminergic medication on different dimensions of speech in PD patients. As some improvement of vowel articulation was seen in individual patients, the pre-existing pattern of speech impairment might be responsible for the different response to pharmacol. treatment.

REFERENCE COUNT: 58 THERE ARE 58 CITED REFERENCES AVAILABLE FOR THIS

RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 5 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN
ACCESSION NUMBER: 2009:39122 CAPLUS
DOCUMENT NUMBER: 151:116307
TITLE: Transdermal dopaminergic stimulation with rotigotine in Parkinsonian akinetic crisis
AUTHOR(S): Dafotakis, Manuel; Sparing, Roland; Juzek, Agnes; Block, Frank; Kosinski, Christoph M.
CORPORATE SOURCE: Institute of Neuroscience and Biophysics - Medicine, Research Centre Juelich, Juelich, D-52428, Germany
SOURCE: Journal of Clinical Neuroscience (2009), 16(2), 335-337
CODEN: JCNUE6; ISSN: 0967-5868
PUBLISHER: Elsevier B.V.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Akinetic crisis (AC) is a much-feared complication of Parkinson's disease (PD) which may appear upon abrupt cessation or malabsorption of dopaminergic medication due to gastrointestinal tract disorders or acute surgery. I.v. infusion of amantadine sulfate or s.c. administration of apomorphine are established treatment strategies for AC. We speculate whether the use of a non-invasive transdermal application form (patch) of a dopaminergic drug (rotigotine) may represent a useful alternative treatment option. We describe the successful treatment of severe AC using rotigotine in a PD patient with gastro-esophageal ulcers which precluded administration of any oral medication. This case demonstrates that a rotigotine patch might be effective in the treatment of AC. We suggest that rotigotine may represent a useful treatment option due to its favorable receptor profile and unique application form. In particular, it may be helpful in situations that might provoke AC, such as acute surgery. However, experience of the use of the rotigotine patch in this clin. setting is rather sparse and the patch is currently not approved for this indication.
REFERENCE COUNT: 15 THERE ARE 15 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 6 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN
ACCESSION NUMBER: 2008:1321095 CAPLUS
DOCUMENT NUMBER: 150:455870
TITLE: Crystallisation within transdermal rotigotine patch: is there cause for concern?
AUTHOR(S): Chaudhuri, K. Ray
CORPORATE SOURCE: Movement Disorders Unit, King's College Hospital, London, SE5 9RS, UK
SOURCE: Expert Opinion on Drug Delivery (2008), 5(11), 1169-1171
CODEN: EODDAW; ISSN: 1742-5247
PUBLISHER: Informa Healthcare
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. Rotigotine patch provides continuous dopaminergic stimulation (CDS) in 'real life' in patients with Parkinson's disease (PD). However, the promising clin. use of rotigotine has been interrupted after healthcare professionals received notification regarding the rotigotine patch due to the appearance of 'snowflake-like' crystals within the patch. It has been stated that the net effect of the 'snowflake' phenomenon is the possibility of reduced drug delivery and therapeutic efficacy, but no risk of drug-related toxicity. The production process has been modified to inhibit nucleation and the formation of crystals. Addnl., refrigerated storage after production has been shown to substantially reduce the occurrence

of crystals and growth.
OS.CITING REF COUNT: 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)

L2 ANSWER 7 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN
ACCESSION NUMBER: 2008:1202499 CAPLUS
DOCUMENT NUMBER: 150:320435
TITLE: New frontiers in the pharmacological management or Parkinson's
AUTHOR(S): Gottwald, Mildred D.; Aminoff, Michael J.
CORPORATE SOURCE: Jazz Pharmaceuticals, Inc., Palo Alto, CA, USA
SOURCE: Drugs of Today (2008), 44(7), 531-545
CODEN: MDACAP; ISSN: 1699-3993
PUBLISHER: Prous Science
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. Rasagiline, a selective COMT inhibitor, and rotigotine, a transdermal dopamine (D2) agonist, are two new agents that have been approved in the U.S. and Europe for the treatment of Parkinson's disease. Rasagiline is approved in the U.S. for both monotherapy and as an adjunct to levodopa. Its role in preventing disease progression has yet to be proven, but a large-scale study (ADAGIO) is under way. Rotigotine is approved for early-stage disease in Europe and the U.S. but is only approved in Europe for late-stage disease. It has recently been recalled due to the formation of insol. crystals that interfere with absorption and may reduce its efficacy. Measures are being taken by the manufacturer to solve this problem. Istradefylline, and adenosine receptor antagonist, showed early promise but efficacy has not been demonstrated consistently, possibly due to higher than expected placebo effect. This has resulted in a nonapprovable letter from the FDA. With regard to perampanel, addnl. studies are needed to demonstrate safety and efficacy. Sanifamide and pardoprunox are agents that target multiple receptors that may modulate dyskinesia and other nonmotor symptoms in addition to motor symptoms, but phase III data are not yet available. Lusuride is an older dopamine agonist that has been reformulated as a transdermal patch and as a s.c. injection and may offer advantages in refractory patients with motor fluctuations. Sphermaine is a novel cell therapy designed to provide a localized source of levodopa directly to the brain. Gene therapies including AAV-GAD, AAV-AADC and AAV2-neurturin are in early stages of development in patients with advanced-stage disease but early safety data are promising.
OS.CITING REF COUNT: 9 THERE ARE 9 CAPLUS RECORDS THAT CITE THIS RECORD (9 CITINGS)
REFERENCE COUNT: 67 THERE ARE 67 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 8 OF 8 CAPLUS COPYRIGHT 2011 ACS on STN
ACCESSION NUMBER: 2008:921846 CAPLUS
DOCUMENT NUMBER: 149:298525
TITLE: Impact of newer pharmacological treatments on quality of life in patients with Parkinson's disease
AUTHOR(S): Gallagher, David A.; Schrag, Anette
CORPORATE SOURCE: Department of Clinical Neurosciences, Royal Free and University College Medical School, London, UK
SOURCE: CNS Drugs (2008), 22(7), 563-586
CODEN: CNDREF; ISSN: 1172-7047
PUBLISHER: Wolters Kluwer Health
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. Parkinson's disease is a common progressive neurodegenerative condition with multiple motor and nonmotor features contributing to

impairment of health-related quality of life (HR-QOL). Pharmacol. treatments have been directed primarily at dopamine replacement with levodopa and agents to improve its bioavailability, including DOPA decarboxylase inhibitors, catechol-O-methyltransferase (COMT) inhibitors and monoamine oxidase B (MAO-B) inhibitors, as well as synthetic dopamine agonists. These treatments to restore motor function are often very successful in early Parkinson's disease, with objective improvement and concomitant improvement in subjective HR-QOL scores. However, as the disease progresses, motor complications and nonmotor symptoms predominate and are often refractory to therapeutic interventions. Antiparkinsonian medications have been shown to improve motor severity and motor complications of advancing disease, and there is increasing evidence that this can be translated into subjective improvement of HR-QOL from a patient's point of view. However, the degree of improvement is less marked on HR-QOL scores than on motor scores, and some studies do not show improvement of HR-QOL in parallel to motor improvements. A number of explanations are possible, including limitations of the scales used, trial designs and lack of clin. improvement from the patients' point of view. This review concs. on clin. trials with an index of HR-QOL as an outcome measure, with particular emphasis on well designed, randomized, double-blind, placebo-controlled or active comparator-controlled methodol. Drugs that have been more recently added to the armamentarium of Parkinson's disease, including the oral (pramipexole, ropinirole and piribedil) and transdermal (rotigotine) non-ergotamine-derived dopamine agonists, the novel MAO-B inhibitor rasagiline and the COMT inhibitors tolcapone and entacapone, were included. The effect of each of these agents on overall HR-QOL and depression, a factor that has been shown to significantly contribute to HR-QOL in several multivariate analyses, is discussed. Overall, the literature search revealed 14 double-blind, placebo- or active comparator-controlled trials with an index of HR-QOL as an outcome measure. Entacapone resulted in HR-QOL improvement in nonfluctuating patients (one study) but not clearly in those with motor fluctuations (two studies). Tolcapone was only tested in patients with motor fluctuations and resulted in significant improvement in two of four studies using HR-QOL as an outcome measure. Rasagiline improved HR-QOL as monotherapy in early Parkinson's disease (one study), but not clearly in more advanced disease (one study). Rotigotine improved HR-QOL in both early Parkinson's disease (one study) and more advanced disease with motor fluctuations (one study). The impact of ropinirole and pramipexole on HR-QOL as monotherapy in early Parkinson's disease vs. placebo has not been assessed, but both agents have resulted in improved HR-QOL in patients with motor fluctuations (ropinirole one study, pramipexole one study). The evidence for antidepressant efficacy of antiparkinsonian medications is limited.

OS.CITING REF COUNT: 7 THERE ARE 7 CAPLUS RECORDS THAT CITE THIS RECORD (7 CITINGS)

REFERENCE COUNT: 165 THERE ARE 165 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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(FILE 'HOME' ENTERED AT 14:30:23 ON 02 SEP 2011)

FILE 'CAPLUS' ENTERED AT 14:30:29 ON 02 SEP 2011

L1 208 S ROTIGOTINE

L2 8 S L1 AND PARKINSONS

=> s roticotine restless

0 ROTICOTINE

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L3           0 ROTICOTINE RESTLESS
                 (ROTICOTINE(W)RESTLESS)

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          1261 RESTLESS
L4          47 L1 AND RESTLESS

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      23002025 PY<2003
L5           0 L4 AND PY<2003

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L6           4 L4 AND PY<2004

=> d l6 1-4 ibib ab

L6   ANSWER 1 OF 4  CAPLUS  COPYRIGHT 2011 ACS on STN
ACCESSION NUMBER:        2006:1225816  CAPLUS
DOCUMENT NUMBER:         146:771
TITLE:                   Transdermal therapeutic system for Parkinson's disease
INVENTOR(S):             Wolff, Hans-Michael
PATENT ASSIGNEE(S):      Schwarz Pharma AG, Germany; LTS Lohmann
                         Therapie-Systeme AG
SOURCE:                  U.S. Pat. Appl. Publ., 38 pp., Cont.-in-part of U.S.
                         Ser. No. 139,894.
                         CODEN: USXXCO
DOCUMENT TYPE:           Patent
LANGUAGE:                English
FAMILY ACC. NUM. COUNT:  5
PATENT INFORMATION:

     PATENT NO.          KIND   DATE        APPLICATION NO.        DATE
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     US 20060263419       A1    20061123    US 2005-239701         20050929
     US 20030027793       A1    20030206    US 2002-139894         20020507 <--
     US 20030026830       A1    20030206    US 2002-140096         20020507 <--
     AU 2005242160        A1    20060105    AU 2005-242160         20051208
     AU 2005242160        B2    20090226
PRIORITY APPLN. INFO.:                      US 2002-363638P     P  20020312
                                            US 2002-363655P     P  20020312
                                            US 2002-139894      A2 20020507
                                            US 2002-140096      A2 20020507
                                            US 2004-613760P     P  20040929
                                            US 2004-613761P     P  20040929
                                            EP 2001-111109      A  20010508
                                            EP 2001-111110      A  20010508
                                            AU 2002-310805      A3 20020506
                                            WO 2002-EP4975      W  20020506
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
AB   The invention provides a transdermal therapeutic system (TTS) containing
     rotigotine as the active ingredient.  The TTS is useful in the treatment
     of Parkinson's Disease because it induces a pharmacokinetic profile where
     the rotigotine plasma level is high and stable.
OS.CITING REF COUNT:     1     THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD
                               (1 CITINGS)

L6   ANSWER 2 OF 4  CAPLUS  COPYRIGHT 2011 ACS on STN
ACCESSION NUMBER:        2006:1003235  CAPLUS
DOCUMENT NUMBER:         145:348623
```

TITLE: Transdermal therapeutic system containing rotigotine for the treatment of Parkinson's disease
INVENTOR(S): Wolff, Hans-Michael
PATENT ASSIGNEE(S): Schwarz Pharma AG, Germany
SOURCE: U.S. Pat. Appl. Publ., 38 pp., Cont.-in-part of U.S. Ser. No. 139,894.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 5
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
US 20060216336	A1	20060928	US 2005-239772	20050929	
US 20030027793	A1	20030206	US 2002-139894	20020507	<--
US 20030026830	A1	20030206	US 2002-140096	20020507	<--
AU 2005242160	A1	20060105	AU 2005-242160	20051208	
AU 2005242160	B2	20090226			

PRIORITY APPLN. INFO.:

US 2002-139894	A2	20020507
US 2002-140096	A2	20020507
US 2004-613760P	P	20040929
US 2004-613761P	P	20040929
EP 2001-111109	A	20010508
EP 2001-111110	A	20010508
US 2002-363638P	P	20020312
US 2002-363655P	P	20020312
AU 2002-310805	A3	20020506
WO 2002-EP4975	W	20020506

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
AB The invention provides a transdermal therapeutic system (TTS) containing rotigotine as the active ingredient. The TTS is useful in the treatment of Parkinson's Disease because it induces a pharmacokinetic profile where the rotigotine plasma level is high and stable. Also provided are methods for the treatment of restless legs syndrome and diseases related to the dopaminergic system.
OS.CITING REF COUNT: 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)

L6 ANSWER 3 OF 4 CAPLUS COPYRIGHT 2011 ACS on STN
ACCESSION NUMBER: 2003:892604 CAPLUS
DOCUMENT NUMBER: 139:354519
TITLE: Trans-epicutaneous administration of rotigotine for treating restless leg syndrome
INVENTOR(S): Lauterbach, Thomas; Schollmayer, Erwin
PATENT ASSIGNEE(S): Schwarz Pharma A.-G., Germany
SOURCE: PCT Int. Appl., 40 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: German
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE	
WO 2003092677	A1	20031113	WO 2003-EP4685	20030505	<--

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT,

TZ, UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

DE 10220230	A1	20031127	DE 2002-10220230	20020506	<--
US 20040048779	A1	20040311	US 2003-429283	20030502	
CA 2483120	A1	20031113	CA 2003-2483120	20030505	<--
AU 2003233233	A1	20031117	AU 2003-233233	20030505	<--
AU 2003233233	B2	20080306			
EP 1501499	A1	20050202	EP 2003-727432	20030505	
EP 1501499	B1	20080305			

R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK

BR 2003009837	A	20050301	BR 2003-9837	20030505	
CN 1665497	A	20050907	CN 2003-816025	20030505	
CN 100396281	C	20080625			
JP 2005528413	T	20050922	JP 2004-500861	20030505	
RU 2301063	C2	20070620	RU 2004-131866	20030505	
AT 387912	T	20080315	AT 2003-727432	20030505	
PT 1501499	E	20080520	PT 2003-727432	20030505	
ES 2301795	T3	20080701	ES 2003-727432	20030505	
NZ 536533	A	20100226	NZ 2003-536533	20030505	
IL 164861	A	20110630	IL 2003-164861	20030505	
MX 2004010687	A	20050608	MX 2004-10687	20041028	
ZA 2004008862	A	20050707	ZA 2004-8862	20041102	
NO 2004005240	A	20041130	NO 2004-5240	20041130	
HK 1072541	A1	20080627	HK 2005-105199	20050622	
JP 2010159302	A	20100722	JP 2010-98924	20100422	

PRIORITY APPLN. INFO.:	DE 2002-10220230	A	20020506	
	US 2002-381509P	P	20020517	
	JP 2004-500861	A3	20030505	
	WO 2003-EP4685	W	20030505	

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT

AB The invention relates to a trans-epicutaneous pharmaceutical composition containing rotigotine for effective treatment of Restless Leg Syndrome (RLS), especially in the form of a transdermal therapeutic system (TDS) based on acrylate or silicone having a surface of 2.5-20 cm2 and containing 1.125 9.0 mg/cm2 rotigotine as an active component against Restless Leg Syndrome, which, according to the International Restless Leg Syndrome Study Group (IRLSSG) Rating Scale, results in an improvement in the conditions of human Restless Leg Syndrome patients in comparison with a placebo treatment of 2 units or more, after administration over a period of time of at least 8 days. Thus 264 g polyacrylate solution containing 50% solid matter was mixed homogeneously with 66 g 50% Eudragit E100 in ethylacetate and 36 g oleyl alc. 89.65 G rotigotine in 200 mL methylethyl ketone was mixed with the homogenizate; the drug containing mixture was applied onto a siliconized polyester foil and dried ant 50°C; the result was a 60 g/m2 layer; the foil was cashed with a cover film, cut and packed.

OS.CITING REF COUNT:	5	THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (7 CITINGS)
REFERENCE COUNT:	5	THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 4 OF 4 CAPLUS COPYRIGHT 2011 ACS on STN

ACCESSION NUMBER:	2003:818867 CAPLUS
DOCUMENT NUMBER:	139:332184
TITLE:	Rotigotine Schwarz Pharma
AUTHOR(S):	Mucke, Hermann A. M.

CORPORATE SOURCE: HM Pharma Consultancy, Vienna, A-1160, Austria
SOURCE: IDrugs (2003), 6(9), 894-899
CODEN: IDRUFN; ISSN: 1369-7056
PUBLISHER: Current Drugs
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review. Schwarz Pharma AG, under license from Aderis Pharmaceuticals Inc, is developing rotigotine CDS, a once-daily transdermal patch formulation of rotigotine, which is a naphthol-derived selective D2 dopamine agonist, for the potential treatment of Parkinson's disease and restless legs syndrome.
OS.CITING REF COUNT: 8 THERE ARE 8 CAPLUS RECORDS THAT CITE THIS RECORD (8 CITINGS)
REFERENCE COUNT: 34 THERE ARE 34 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

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COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	64.28	64.51

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-10.44	-10.44

FILE 'STNGUIDE' ENTERED AT 14:41:11 ON 02 SEP 2011

FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: Aug 26, 2011 (20110826/UP).

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(FILE 'HOME' ENTERED AT 14:30:23 ON 02 SEP 2011)

FILE 'CAPLUS' ENTERED AT 14:30:29 ON 02 SEP 2011
L1 208 S ROTIGOTINE
L2 8 S L1 AND PARKINSONS
L3 0 S ROTICOTINE RESTLESS
L4 47 S L1 AND RESTLESS
L5 0 S L4 AND PY<2003
L6 4 S L4 AND PY<2004

FILE 'STNGUIDE' ENTERED AT 14:41:11 ON 02 SEP 2011